

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2478AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/09/2010
NAME OF PROVIDER OR SUPPLIER SUN VALLEY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 220 CARLIN AVE LAS VEGAS, NV 89110		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 12/9/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness. The census at the time of the survey was five. Five resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a grade of A.</p>	Y 000		
Y 178 SS=F	<p>449.209(5) Health and Sanitation-Maintain Int/Ext</p> <p>NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.</p> <p>This Regulation is not met as evidenced by: Based on observation on 12/9/10, the facility failed to ensure the premises was clean and well maintained (The top of the refrigerator was soiled</p>	Y 178		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 178	Continued From page 1 with a heavy accumulation of dust and grime and the inside of the ventilation hood located over the stove was covered with a thick accumulation of grease and dust). Severity: 2 Scope: 3	Y 178			
Y 272 SS=C	449.2175(3) Service of Food - Menus NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. This Regulation is not met as evidenced by: Based on observation and interview on 12/9/10, the facility failed to ensure a planned and dated menu was posted (The menu for the current week and for the month of December was not posted). Severity: 1 Scope: 3	Y 272			
Y 878 SS=G	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the	Y 878			

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Y 878	<p>Continued From page 2</p> <p>administration of the medication shall: (1) Comply with the order.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 12/9/10, the facility failed to ensure that 1 of 5 residents received medications as prescribed (Resident #4).</p> <p>Findings include:</p> <p>Resident #4 was prescribed:</p> <ul style="list-style-type: none"> - Symbicort inhaler, two puffs two times per day. Symbicort contains a steroid that reduces inflammation in the body and a long-acting bronchodilator that relaxes muscles in the airways to improve breathing. This medication was prescribed to prevent the resident from experiencing shortness of breath due to chronic obstructive pulmonary disease. The dial type meter on the inhaler was at zero indicating that it was empty. The label on the medication's box indicated that the inhaler was opened on 10/16/10 and the inhaler contained 30 days worth of medication. The medication was empty for approximately 24 days and the resident missed 48 doses. Caregivers documented on the Medication Administration Record (MAR) that the resident was receiving his inhaler as prescribed although the medication container was empty. - Ventolin HFA, two puffs two times per day to treat bronchospasm (wheezing, shortness of breath). The counter on the inhaler bottle read 000 at the time of the survey indicating that it was 	Y 878			

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Y 878	<p>Continued From page 3</p> <p>empty. Resident #4 began using the bottle on 10/16/10 at which time the bottle contained 204 doses/puffs or 51 days worth of medicine indicating that the medication ran out on about 12/5/10. Therefore, the inhaler was empty for approximately four days. Caregivers documented on the MAR that the resident was receiving his inhaler as prescribed although the inhaler was empty.</p> <p>- Brimonidine Tartrate eye drops three times a day for the treatment of ocular hypertension (High pressure in the eyes). This medication was prescribed to reduce the risk of developing glaucoma. At the time of the survey, the bottle of eye drops was empty. Caregivers documented on the (MAR) that the resident was receiving his eye drops as prescribed.</p> <p>After admitting that the prescriptions were empty, Employee #2 obtained refilled prescriptions from a pharmacy at approximately 5:00 PM on 12/9/10.</p> <p>Severity: 3 Scope: 1</p>	Y 878			

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